

MOBLE HOME PERMIT APPLICATION

Village of Los Lunas
660 Main Street NW
505-839-3842

Community Development Department
Los Lunas, New Mexico 87031
FAX: 505-352-3580

Applicant's Name:				
Address:				
Mailing Address:				
City, State, Zip				
Telephone:				
Legal Description of Property:				
Subdivision: (with Lot and Block)				
Address of Property:				
Zoning	Present Zoning:		Flood Zone:	
Manufacturer:				
Model and Size:				
Zone	Front	rear	side	
AR	25			
RR				
R-1				
R-2				
R-3				
MH				
For Staff Use Only:				

Applicant Requirements

Area of Review	Regulations	4 Checklist
Certificate of Elevation		
Skirting of Mobile home within 90 days		
Payment of fee --		Receipt No. and Date:

Staff Requirements

Area of Review	Regulations	4 Checklist

Accompanying this application is . I have examined and am familiar with the zoning regulations, Title 17.64, as adopted by the Village of Los Lunas. I understand the Village Council will not assume any liability for possible lack of understanding on my part. Application requires a public hearing and a fee.

Signature:

Date:
